Effortim		Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number 10/829,370-Con		nf. #7092		
			Filing Date		April 22, 2004		
			First Named In	ventor	Houman Pournasseh		
For FY 2009			Examiner Name	,	T. T. Vo		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2191		
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No. M1103.70813US00				
METHOD OF PAYMENT (check all that apply)							
Check X Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILI		EARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	(\$) Small Entity	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165 54		220	110		
Design	220	110 10	0 50	140	70		
Plant	220	110 33	0 165	170	85		
Reissue	330	165 54		650	325		
Provisional	220		0 0	0	0		
2. EXCESS CLAIM FEES						Small Entity	
Fee (S) Fee (S)							
						52 26	
Each independent claim over				220 110			
Multiple dependent claims						390 195	
Total Claims Ext	ra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depend		
- 20 or HP x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.						Fee Paid (\$)	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
-3 or HP = X = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g. fate fi) g surcharge): 180 Request for continued examination (RCE) (see 37 810.00							
SUBMITTED BY							
Signature A	e le	19	Registration No. (Attorney/Agent)	32,950) Telephone	617.646.8000	
Name (Print/Type) Edmund	l. Walsh				Date	October 19, 2009	
-		/					

Certificate of Electronic Filing Under 37 CFR 1.8						
I hereby certify that this paper (along with any paper rel	eferred to as being attached or enclosed) is being transmitted via the Office electronic filing					
system in accordance with § 1.6(a)(4).	1.1.11.					
Dated: October 19, 2009	Signature: Lish Medical					